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APRIL, 1954

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PUBLISHED BY THE STUDENTS OF THE MASSACHUSETTS COLLEGE OF OPTOMETRY



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# THE SCOPE



VOLUME XXIV

NUMBER 9

## FEATURES

History of Mass. Optometry .....	Page 3
George Henry Giles .....	Page 4
The Military Optometrist .....	Page 5
Omega Epsilon Phi .....	Page 7
From the Associate Editor .....	Page 8
Optometric Events .....	Page 9
Military Committee .....	Page 10
The Optometry Story .....	Page 11
Pi Omicron Sigma .....	Page 11
Crossword Puzzle .....	Page 12
Silhouettes .....	Page 15

This year of nineteen hundred fifty-four commemorates the sixtieth anniversary of the Massachusetts College of Optometry. From the beginning of its organization a change was inevitable. The educational standards of the school became more intense and thus a school became a college. With this transformation a greater one occurred at the same time. The business of Optometry became the profession of Optometry.

We, the staff members of the SCOPE, would like to dedicate this issue to the sixtieth anniversary and extend to the Massachusetts College of Optometry our sincerest wish for continued success in its future endeavors.

THOMAS A. COUCH, Editor

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# THE HISTORY OF THE MASSACHUSETTS COLLEGE OF OPTOMETRY

Ralph H. Green, O.D.

## PART I

Since 1894 the Massachusetts College of Optometry has graduated about 1400 young men and women, among whom are numbered some 80% of the optometrists now practicing in the New England area. Its history is intimately bound up with and shows in little the history of optometric progress in New England and throughout our country.

The school had its ultimate origin in the vision of the late August A. Klein, M.D., a graduate of the Boston University School of Medicine and an ophthalmologist. He saw the need of a new profession, intermediate between those of the physician and the dispensing optician; and he took action to fill that need by opening in 1894 a small school which he called the Klein School of Optics. Located in the then prosperous residential section of the South End, at 2 Rutland Street, the school offered in the beginning only three courses, each consisting of two weekly sessions for ten weeks, which might be taken either successively or simultaneously. No admission requirements were set, but many of the students were in fact practicing physicians. The curriculum was as follows:

1. Ocular anatomy and physiology, with dissection of animals' eyes;
2. Optics, including the laws of refraction as applied to astronomy, photography, and microscopy;
3. Practical optics, including optical instrumentation, correction of errors of refraction, ophthalmoscopic examination, and (in the optical shop, downtown, of the Globe Optical Company) lens grinding and the fitting of spectacles.

Third-term students were required to attend the clinic, which was open four days a week from 10 a.m. till noon.

This modest offering, like the tuition fee (\$30 for each term, or \$75 for the whole course) may remind us of the gas-light and mutton-chop-sleeve era, but at the time it was probably quite impressive. In its first 10 years the School was attended by over 200 students, from 23 states and Canadian provinces, including California, Florida, Arkansas, New Brunswick, and British Columbia. Students who completed the full course were awarded a diploma conferring the title of Graduate Optician.

In 1905 the School moved its quarters to 185 Summer Street, Boston, across the street from the South Station, to expand its facilities, and four years later it was reorganized and incorporated as the Massachusetts School of Optometry, Inc. Theodore F. Klein, O.D., son of Dr. August Klein, was President and Dean. Definite entrance requirements were imposed for the first time: two years of high school—or a medical degree! The course of studies was expanded to a full year: Preparatory Physics; Theoretical, Practical, and Physiological Optics; Theoretical and Practical Optometry; Anatomy and Physiology of the Eye; and Ocular Pathology. The new School awarded to its graduates a certificate of graduation in optometry.

Two years later, in 1911, the course was again expanded, this time to two years, divided into four semesters. The first term included Physiology, Physics, and Trigonometry; later terms had courses in Bacteriology and School Hygiene; Anatomy and Ocular Pathology were taught for two terms each; Theoretical and Practical Optometry and Clinics for three terms each; and Theoretical, Practical, and Physiological Optics for all four terms. This course was continued with little change for 22 years.

In 1912 the Massachusetts optometry law was enacted, requiring new applicants for registration to have graduated from a school of optometry offering a two-year course. About the same time the School moved uptown to the rapidly developing Back Bay area, where it occupied quarters at 168 Massachusetts Avenue. The raising of admission requirements to four years of high school or the equivalent came in 1918. There was a period, ending in 1931, when students were permitted to cover the two-year curriculum in four years of evening classes.

The thirties were years of rapid progress. In 1932 the School took over a building at 1112 Boylston Street, around the corner from its Massachusetts Avenue quarters, using the street floor for the Clinic and the upper floors for classrooms and laboratories. In 1933 the School announced a three-year program, in accordance with which the State law was amended in 1935; in 1937 the course of studies was extended to four years; and in 1939 the School bought the present Clinical

*(Please turn to page fourteen)*

## GEORGE HENRY GILES

On April 27, 1954 a heavily built man of average height will step before a congregation of optometrists and optometric students at the Massachusetts College of Optometry to speak. A man whose friendly smile and easy approach will cause everyone in the room to relax, but when he speaks all eyes will be fixated intently upon him. Who is this man? He is George Henry Giles. Mr. Giles, born in 1904, has devoted most of his working life to the advancement of the optometric profession in Great Britain. At ten leaving school he won a London County Council exhibition to the Northampton Polytechnic, London, where he trained in the Ophthalmic Optics department under Mr. H. H. Emsley. He also attended the London Refraction Hospital and was later appointed a member of the voluntary staff, rising to the rank of Senior Staff Refractionist and Staff Orthoptist.

### His Qualifications

At the conclusion of the course at the Northampton Polytechnic he passed the final examination of the Worshipful Company of Spectacle Makers becoming a Fellow of that body. Two years later, in 1928, he became a Fellow of the British Optical Association and in 1932 an Honours Fellow of this association. In 1939 the British Optical Association conferred on Mr. Giles the Diploma in Orthoptics (D. Orth.), in recognition of his advanced and original research in this field. In 1952 he was elected a Fellow of the American Academy of Optometry.

He is also a Fellow of the Royal Microscopical Society, a Fellow of the Physical Society, Fellow of the Illuminating Engineering Society, and a Member of the Royal Institution of Great Britain.

In addition to his optometric and scientific qualifications, Mr. Giles turned his attention to the study of law, and in 1949 became a Barrister-at-Law. The knowledge gained by being both optometrist and a member of the English Bar has been of the greatest service both in the work he is called upon to do in connection with the National Health Service and in solving the legal problems of individual optometrists.

He is in addition an Honorary Member of the Association Professionnelle des Opticiens de Belgique and a member of the Livery of the Worshipful Company of Spectacle Makers.

Mr. Giles is the correspondent on ophthalmic subjects for the "Encyclopaedia Britannica".

### Publications

Mr. Giles' interest in the practice of refraction and in particular his research on Orthoptics and Colour Vision, has resulted in a great number of papers on these subjects. He has to his credit nearly 100 papers and monographs, on protective lens, colour vision, orthoptics and binocular vision.

He has published the following four books. "An Outline of Routine Refraction," London Optical Company, 1936, "A Manual of Practical Orthoptics", Hatton Press, 1938, "The Practice of Orthoptics", Hammond, Hammond, 1945, Second Edition 1949, "The Ophthalmic Services Under the National Health Service Act", Hammond, Hammond, 1953.

He is editor of the Dioptric News and Secretary of the Board of the British Journal of Physiological Optics, which is devoted to original articles and monographs on optometry. He also edited the transactions of the 1951 International Optical Congress (Honorary Secretary), a volume which has received high praise both in America and in the Continent of Europe.

### Instruments Designed

Best known designed is his Colour Perception Unit which appeared 1933 as a test for colour vision. It is widely used by optometrists in Great Britain, and a special model by the Royal Air Force.

Other instruments are the improved Bjerrum Screen (1937), the Hunt-Giles Infinity Test (Conjunction with H. G. Hunt in 1937), the Terminus Near Point Rule and Accessories (1939) and the Gunsight known as Sight Sensatic (1941) used in the Second World War.

### Appointments

In 1942 Mr. Giles was appointed Secretary and Director of Examination of the British Optical Association. This position he still holds. He is a Senior Examiner himself, principally in Colour Vision, Fields and Orthoptics.

Mr. Giles is Secretary of the Association of Optical Practitioners.

### Honorary Secretaryships

Mr. Giles is secretary in the following organizations.

Joint Emergency Committee (Representative of all organizations in optometric profession in England and Wales. The committee is the negoti-

*(Please turn to page eight)*

## THE MILITARY OPTOMETRIST

(Editor's Note)

This report is being written to acquaint all those concerned with the optometric profession as to the plight of the military optometrist.

The authors are currently serving in the army as is their duty and privilege and have gathered their information by investigation, their own experiences and personal contacts with many officers and enlisted men connected with optometry.

Their intention is purely to present the facts as they know them, and not intended to criticize army policies on this situation.

They hope this will help to enlighten those who may sometime find themselves in a situation such as the authors, as well as to inform those most concerned with the advancement of the profession.

Names of authors withheld upon request.

Optometrists utilized in their profession in the army are assigned to the Medical Service Corps. For the main part, their work is done in the Eye-Ear-Nose-and-Throat Clinics (EENT), located in army hospitals.

The heads of these clinics are M.D.'s, and in most there is usually an optometric officer in charge of the refracting section, who is responsible for the administrative work of this section, and supervises the enlisted and civilian optometrists.

On the other hand, Nursing, Dentistry and Medicine are authorized their own corps, with high commissioned officers of their own profession in charge, and with all professional personnel commissioned.

In order to provide a better understanding of the current optometric situation let us go back to World War II.

Optometric officers were few in number, and most optometrists were assigned to work in eye clinics as enlisted men, being assigned as EENT technicians, and given technical ratings. The vast majority of optometrists serving were thus able to contribute their most to the army, by serving in their specialized field.

Support for the recognition of optometry by the army as a profession developed steadily, and shortly after the war a bill creating a separate optometric corps was passed by both houses of Congress, only to be vetoed by President Truman.

Thus the situation remained much as it had been during World War II. Optometrists were qualified for direct commissions through SR 140-

105-6, but no applications for commissions were accepted. Things changed as a result of an investigation of the Surgeon General's office by the House Military Affairs Committee and in the spring of 1953 applications from twenty civilian optometrists were favorably acted upon, as well as those from numerous enlisted men who were serving as refractionists.

Shortly thereafter an agreement was made between the Surgeon General's office and the American Optometric Association. This resulted in a Department of the Army (DA) letter dated 20 July 1953, concerning "The Status and Utilization of Optometrists". The army agreed not to employ any new enlisted personnel as optometrists, and enlisted men who had been serving as optometrists were allowed to continue in their status as EENT technicians if they desired, although their applications for commissions would be given first consideration.

At the present the only commissions granted to O.D.'s are to those men being utilized in their profession. Obviously the present situation is a definite improvement over that situation which existed during World War II. Optometry is rightfully given recognition as a profession by the army, but as it stands today there is much to be desired, for the quota of optometric officers and enlisted men for the Medical Service Corps stands at 150, or one optometrist for every 11,000 men in the army. Actually the ratio is even greater for all available positions are not filled, plus the fact that the optometrist must examine dependents of army personnel consequently creating an even greater patient load.

As previously stated, optometrists are entitled to receive commissions under SR 140-105-6, and Military Occupational Specialities (MOS) as optometrists (MOS 3340) or medical assistants (MOS 3506). Although applications are still being accepted for both the above, no commissions are currently being granted to civilian optometrists and few to enlisted men not presently in EENT clinics.

An optometrist drafted into the army must take eight weeks of basic infantry training, and while in the past was then assigned to the EENT clinic with an MOS of 1277, now must in addition complete eight weeks of medical basic training at the Medical Replacement Training Center, presently

*Please turn to next page*

located at Camp Pickett, Virginia. (Soon to be moved to Fort Sam Houston, San Antonio, Texas).

Assuming the optometrist has completed medical basic, he is then assigned as a medical corpsman (MOS 5657) or medical aidman (MOS 1666), as there is no longer an enlisted man's MOS for optometrists, due to the aforementioned DA letter on the "Status and Utilization of Optometrists". Unfortunately, assignments of optometrists to even the medics occasionally go astray, and of late O.D.'s have been known to become infantrymen, artillerymen, or engineers. The general procedure is to then classify the O.D. as a corpsman in which capacity he will probably be assigned to a hospital or dispensary. Unfortunately, there have been some adverse assignments, and optometrists have been shipped out as aidmen.

It is our understanding that all optometrists completing medical basic training in the future will be assigned to their permanent station as medical aidmen. This, of course, would make it virtually impossible for them to ever be assigned to do optometric work. It is difficult to conceive why a blanket policy excluding optometrists from all types of hospital duties should be initiated.

If he should succeed in becoming a corpsman, the recommended plan of action is to attempt to work in the EENT clinic in some capacity and then submit an application for a two year commission as an optometrist (MOS 3340). Up to date, all applications originating in the EENT clinic have been accepted. Once the optometric quota has been filled, however, not even those applications originating in this manner can be favorably acted upon.

However, the optometric officer is primarily an officer of the Medical Service Corps and secondarily an optometrist. Many optometrists with an MOS of 3340 find themselves performing administrative, supervisory and instructive duties rather than serving as optometrists. The existence of a separate optometric corps or a separate administrative corps would solve this problem.

An optometrist may also be commissioned a second Lt. under MOS 3506, administrative assistant to the battalion surgeon, by applying at any time during his Army career. The authors know of only two having successfully completed this procedure although optometrists are apparently qualified. After once being commissioned in this category there is no assurance the MOS can be changed to an optometrist. This is a catch-all MOS, and duties actually could in-

volve any phase of Medical Service Corps activity.

This present situation obviously leaves much to be desired both from the stand point of the military and the optometric profession.

As previously mentioned the patient load on the army's eye clinics is very heavy and considering the army's stress on good vision, it is indeed remarkable that available personnel are not utilized. For example, on one post, three optometrists screen 1200 men per week and run forty to sixty refractions per day. In addition the dispensing load is also quite heavy for Army regulations require that all men be provided with two pair of spectacles. This load may be further illustrated by noting that there are posts which utilize as many as 45 dentists for every optometrist.

However, the Army cannot resolve this shortage of personnel by transferring O.D.'s in the service doing nonoptometric work, as regulations limit the number of commissions and now ban the entrance of enlisted men into the EENT clinic in an optometric capacity. Nevertheless, the Army falsely advertises its need for optometrists on recruiting station signs.

Consequently to provide the necessary eye care, the army has resorted to hiring of civilian optometrists at an additional and unnecessary expense.

In fact the army is so taxed for professional O.D.'s, it is using wide scale advertising in quest for civilian optometrists.

Rather than increasing the number of commissions and paying servicemen approximately \$2800 per annum, these civilians are paid about \$2400 more to perform these same professional duties. This, in addition to the extra expense of giving the optometrist basic training, is contradictory to the present policy of cost economy now stressed throughout the armed forces. The army not only finds itself in need of optometrists, but also short of other professional personnel. Dentists and M.D.'s are offered a first lieutenancy, in addition to a one hundred dollar a month bonus for enlisting, which is a much more logical method of solving this shortage.

Optometric students as well as dental and medical students are considered "students of the healing arts", and consequently are draft exempt throughout their professional program which encompasses a minimum of five years study. While the optometric student is deferred so that he may follow a course of study which will train him to perform a specialized art in the army, he is then not permitted to practice. Hence the army is de-

*Please turn to page thirteen*

## Omega Epsilon Phi

R. Shulman

Omega Epsilon Phi held its annual election of officers, March 29, 1954, and the following brothers were elected to the various offices:

President: Alton Lamont, Jr.

Vice-President: Theodore Kaknes.

Treasurer: Charles Connors.

Recording Secretary: John Good.

Corresponding Secretary: Donald Dixon.

Librarian: Angelos Afentakis.

Sgt.-at-Arms: Philip Shapiro, Robert Graham.

We would like to extend to the new officers our heartiest congratulations. Under their capable leadership we are sure to have another successful year.

The Installation of Officers Banquet was held at the Hotel Brunswick, April 6th, at which time the Omega Epsilon Gavel was presented to President Alton Lamont by Ex-President Arthur Giroux. An enlightening talk was given by Dr. Otto Hachstadt who discussed the great progress which the Building Fund Drive has made during the past year. Dr. Henry Cobitt's anecdotes and witty remarks, as well as his interesting talk concerning the importance of fraternity life, were well enjoyed by all.

Dr. John E. Quinn, Secretary of the Mass.

State Board of Examiners in Optometry, was the first guest lecturer invited by O. E. Phi this year. His extremely informative and highly interesting talk, "The First Year's of Practice", is the first in a series of lectures currently planned.

A Faculty Bowling Party has also been arranged for April 7th with several members of the faculty expected to attend. However, the bowling match between the O. E. Phi team and the P.O.S. team may perhaps prove to be the highlight of the evening.

The card tournament has really caused the individual games to be played on a very high competition level. The final stages of the Tourney are rapidly approaching and the winners shall be announced in next month's column.

Finally, we wish to extend our deepest congratulations to the outgoing officers for the excellent work they've accomplished this year. We are sure the new officers will carry on the splendid leadership standards set by the previous fraternity officers.

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DEAN RALPH H. GREEN

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From The Associate Editor—

Optometry has in recent years been the subject of many damaging criticisms in various magazines. These articles such as "There's A Racket in Eyeglasses", (Redbook, November '52) and "Straight Answers to 30 Questions About Crossed Eyes" (Parents', February '54) were obviously written by writers who, for the most part, were not cognizant of Optometry's extreme importance in the field of visual care.

This has been going on ever since the year 1901, the year the first Optometry law was passed, when the need for Optometry was most apparent due to the inability of the medical profession to adequately provide the public with the satisfactory visual care.

Numerous methods are in effect for making the public more Optometry concious but the most successful seems to be the use of the press, radio, and television media.

Educating the public on Optometry via television is a long range and costly program that should be greatly expanded because it has an enormous amount of potentialities. It should not be beyond the scope of the profession to tax its individual members as a means of obtaining the necessary funds to properly finance such a beneficial program. If the A.M.A. can obtain the money needed to fight compulsory health insurance by taxing its members, we also can and should place part of the financial burden for sup-

porting our farsighted public relations programs upon the shoulders of each and every licensed Optometrist in the country.

This type of taxation, perhaps in the form of an increase in the license renewal fee every year, in every state, could well prove to be the difference between future careers for our children as Optometrists, or as Refracting Opticians.

We must constantly instill into the minds of the public, again and again, that Optometry can provide the best in Refraction Techniques, the best in Vision Training, and the best in Ophthalmic material.

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### GEORGE HENRY GILES—*continued*

ating body with the Ministry of Health on all small matters affecting the ophthalmic services).

Joint Advisory Board (Committee co-ordinates work and standards of the optical examining bodies).

Central Professional Committee of Ophthalmic Opticians. (Committee on registration of optometrists qualified to undertake National Health Service work).

International Optical League. Consists of sixteen countries. Last year Mr. Giles was elected Acting President.

Besides the forementioned there are others, too numerous to be able to mention them all.

### Awards

He received the Ernest Aves medal in 1949, which is awarded by London Refraction Hospital for outstanding work in optometry.

In 1933 Mr. Giles received the Institute of Ophthalmic Opticians' prize for the best paper of the year.

In 1950 he was invited to give the Owen Aves Memorial Lecture, taking for his subject "The Distribution of Visual Defects".

### Private Life

Mr. Giles is a family man, has two charming daughters, one of whom is married. He enjoys golf and motoring. In the summer he tries to spend a few weeks on the Continent of Europe, but with visits to foreign optometrists and international meetings, this is often no more than a busman's holiday.

While in the United States Mr. Giles intends to visit and speak at all the optometry colleges. While at Massachusetts College of Optometry he intends to help us commemorate our 60th anniversary of our founding.

# *Optometric Events*

by Thomas A. Couch

## **OPTOMETRY DAY**

Last February 23 in the state of Texas optometrists throughout the state contributed their day's office income (minus all laboratory costs) to the Optometry Fund of the University of Houston. Their goal was \$15,000 which is three-quarters of their yearly drive for funds for the College.

## **DENVER ACTS**

The city government of Denver, Colorado has been asked to adopt an ordinance banning misleading advertising of ophthalmic services and materials. The ordinance would prohibit advertising free eye examination or reference to any price for ophthalmic services or materials. Prohibit solicitation of professional advice or services. Provide fines and jail sentences for violations.

## **"SIGNS" CASE**

A referee was designated to hear the action brought by five metropolitan New York City optometrists against the State Board of Regents and the State Commissioner of Education to restrain the latter from enforcing regulations limiting the number, size and character of signs which may be used by optometrists. The official referee is former New York State Supreme Court and Appellate Division Justice Christopher J. Hefernan.

## **DOCTORATE**

Recently a bill was introduced in the New York State Legislature, eliminating the present requirement that graduates, after January 1, 1930, be from schools of optometry conducted as a department of a university registered by the Regents with either a B.A. or a B.S. degree and a certificate of graduation in optometry, and substituting "graduated from a school of optometry maintaining a curriculum registered by the department."

It is expected that the measure will pass without opposition.

## **AGAINST CURRICULUM EXTENSION**

The Alabama Optometric Association and Illinois Optometric Association met and voted opposition to any further extension of the optometric curriculum. The associations recommended "careful re-evaluation of the optometric curriculum by the Council on Education of the American Optometric Association so that more students will be allocated to optometry."

## **A.O.A. CONGRESS**

The A.O.A. congress at the Olympic Hotel, Seattle, Washington, June 20-23 will include a number of innovations in A.O.A. annual meetings.

Time has been allowed for a visual training workshop, and the customary public relations dinner will be followed by a forum. The congress committee hopes to bring to the optometrists attending the essentials of the longer A.O.A. annual roundtables on visual problems in schools and on public relations.

The periods of relaxation will include a fishing derby, a golf tournament, and a boat trip and salmon bake on Puget Sound.

## **WHOLE CHILD**

A 15-minute recorded dramatization entitled "All of David" is available to state associations through the A.O.A. for \$5.00 each.

"All of David" is the story of a nine-year-old boy and includes a scene in an optometric office; major emphasis is placed on the importance of considering the whole child.

## **LAURELS TO HURON VALLEY SOCIETY**

The Huron Valley Society of Optometrists in conjunction with the Michigan Optometric Association has secured the services of a public relations counsel and instituted a long-range public relations program geared to serve three basic objectives.

Using two local newspapers the program is aimed at educating the public to the need for proper eye care, informing the public of the full function of optometry, and making optometry and the concept of eye care synonymous in the public mind.

## **QUICKIE SMASHER NEWS**

In December, 1953 "Operation Quickie Smasher" was given a limited distribution in mimeographed form. The extensiveness of growing quickie smasher activities from coast to coast is such that a complete recording and description of each would be practically a fulltime job. Thus only a few sample statements will be made.

New York—The Association Board of Directors have urged the State Department of Education and the Board of Regents to use their power to revoke licenses of the quickie examiners.

Washington State Optometric Association has

*(Please turn to page ten)*

## MILITARY COMMITTEE

Appointment of a Military Advisory Committee has been announced by Dr. James F. Wahl, President of the A.O.A.

Dr. E. W. Strawn, 12½ East Stevenson Street, Freeport, Illinois will serve as chairman of the newly created committee and will represent the interests of Optometrists in the Army.

Dr. John Wilde, 49 Main Street, Massena, New York, will represent men in the Navy; and Dr. Jerome Kollofski, 657 Shore Acres, Fairmont, Minnesota, will be responsible for interests of Optometrists in the Air Force.

The Military Advisory Committee was created as a result of Resolution No. 2 passed by the A.O.A. House of Delegates in 1953. It will serve in an advisory capacity to the Department of National Affairs in all matters pertaining to the Armed Services.

Plans are now being made for the committee to meet in Washington, D. C. at an early date. At that time it is contemplated that the members of the committee will confer with the three departments of the Armed Services on the subject of Military Optometry.

## OPTOMETRIC EVENTS—*continued*

contacted the Washington State Federation of Labor as a means of warning its members of inadequate eye examinations. Two types of brochures have been distributed to all members of the State Association, one for the optometrist and the other for patients.

Connecticut is working on the development of state legislation, the education of the public and an attempt to revoke licenses when deemed essential for the protection of the public.

Pennsylvania has called a special meeting for the purpose of working out steps to reduce quickie activities.

Ohio is proceeding with a program of information to teachers concerning visual care and a form for use in visual analysis of school children. The State Association in conjunction with O.S.U. Optometry students is reviewing all Ohio textbooks concerned with visual care, (see accompanying article describing the procedure).

Other states, other schools and Optometric Journals are likewise contributing, these are only a few samples.

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## THE OPTOMETRY STORY

Dr. Harold M. Fisher

Why should Optometry always be so very much concerned with the negative side of the battle for our place in the sun? For once let us emphasize the positive. Let us tell Optometry's story—a story which has never really been told by all of us in concert, and seldom told for us by anyone else. Just tell the public why we believe so much in Optometry that we seek the advice and care of a professional optometrist for ourselves and for our own families in preference to that of any other eye or vision consultant. Here are just three of the most important reasons.

1. An optometrist is concerned primarily with the vision of normal eyes, not the pathological variances of abnormal eyes. He is trained and experienced in dealing with the problem of efficient, sustained, comfortable vision and deals not only with the clearness of focus of the eye as an optical image forming device, but also with the facilities with which the binocular seeing mechanism can continue to maintain clear single binocular vision for reasonable periods of time at the desired visual task. He understands this mechanism and how it operates, and what defects it is subject to and how to correct them by physical or physiological means.

2. An optometrist knows that he cannot specify on a slip of paper in the form of a lens formula all that may be necessary to provide visual efficiency and comfort for one who does not have it. He is prepared not only to prescribe, but also to formulate and adapt a correction to do precisely what is necessary. He provides a complete service and does not break it off in the middle; leaving to chance the proper completion of his correction.

3. An optometrist is a better judge of the need for medical eye care than any other type of practitioner, and when such care is needed he is in the best position to select the particular type of medical eye consultant required.

Why then should anyone ever consult any one other than an optometrist for visual care? Only because the opposite story—the half-truth—has been told and told again by teacher, nurse, family physician and patients who have been only too well indoctrinated with false propaganda that optometric visual care is inferior. It is about time that we started telling our story—the plain and simple truth—so forcefully that others will take it up and tell it over and over again for us.

## PI OMICRON SIGMA FRATERNITY

Robert Wilson & Morton Greendorfer

On Saturday, March 6th, Pi Omicron Sigma's basketball quintet met an all-star aggregation of alumni in a hard fought battle at the Brookline Town Gym. The alumni five, led by Mass. College of Optometry's basketball coach, Dr. Mitchell Kuhn out-scored the fraternity team decisively. After the game, the brothers and then dates adjourned to parties around town, to close another successful fraternity function.

Recently through the graciousness of brother Robert Parker, new furniture was moved into the fraternity which gave the room an appearance of extreme luxury.

The annual P.O.S. installation banquet was held at the Monaca Room of the Hotel Lenox, April 8, the following pledges were initiated into the fraternity as brothers prior to the banquet. They are as follows:

\* \* \* \*

Al Glucksman of Providence, R. I.

Jerry Maldavir of Providence, R. I.

Ray Mastrobuono of Providence, R. I.

Al Roy of Lowell, Mass.

The new officers of P.O.S. fraternity were installed and are:

Grand Chancellor Emeritus.....Dr. Ralph Green

Grand Chancellor.....Dr. Foster Namias

Faculty Advisor.....Dr. Arthur Bruce, M.D.

Chancellor.....Leon Gallerman

Vice-Chancellor.....Isadore Sal

Scribe.....Robert Wilsen

Sergeant-at-Arms.....Earl Kelly

Corresponding Secretary.....Morton Greendorfer

Social Chairman.....John Janes

Dr. Parrot, our Guest Speaker for the night gave an informative talk to the fraternity. Other speakers were members of the faculty, and Dean Green.

In a brief ceremony William Fehrstrom was awarded a past chancellor's key.

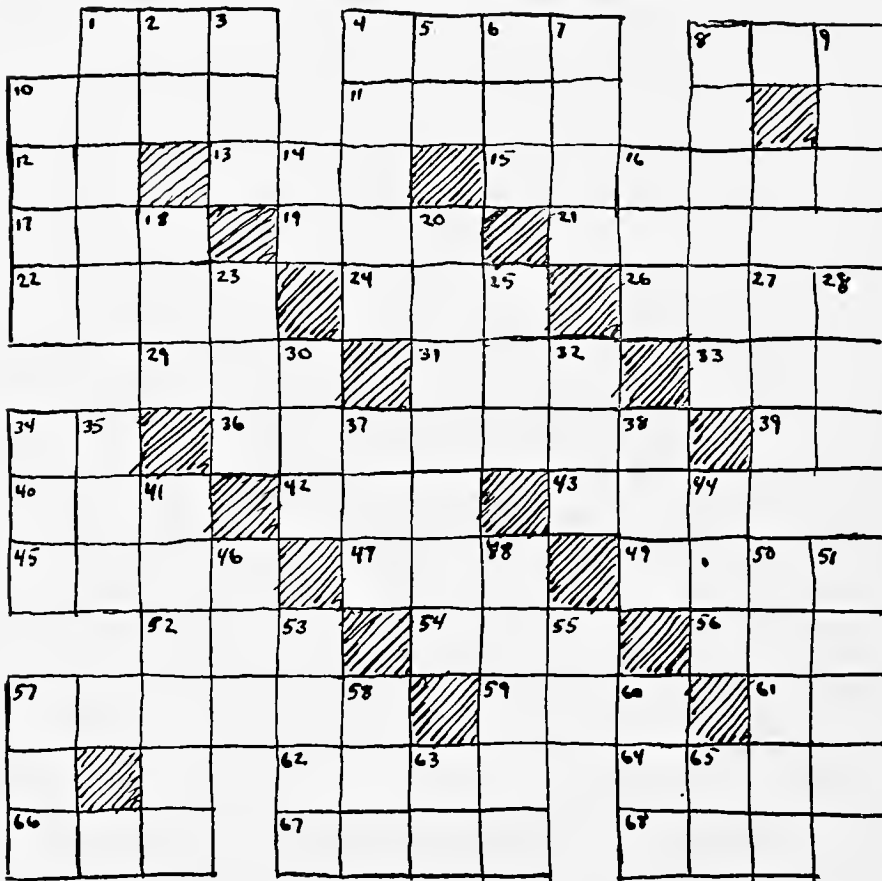
Frater: "Did you know we maintain seven homes for the feeble minded?"

Pledge: "I thought we had more chapters than that."  
—The Spartan

The only barrier to the full acceptance of Optometry on its face value when the true story is told is the fact that there are still too many of us who do not quite believe it ourselves—do not practice it—and are not prepared to deliver the kind of Optometry that the public really wants.

# CROSSWORD PUZZLE

Reprinted from The Pupil—Pa. State College of Optometry



## ACROSS

- 1—Near point test
- 4—Author of Optics Manual
- 8—Experimenter on Accommodation-Convergence relationship
- 10—Foveal photoreceptor
- 11—Woody plant
- 12—Correlative of either
- 13—Type of Choroiditis
- 15—Part of eyelid
- 17—Near point test
- 19—An optometric system of analysis
- 21—Extinct bird
- 22—Dynamic in strabismus
- 24—Theatre is filled (abbr.)
- 26—Astigmatic chart
- 29—Digit
- 31—Presbyopic test, blur —
- 33—Collection of facts
- 34—Sign in iridocyclitis
- 36—Squints
- 39—Type genus (abbr.)
- 40—Period
- 42—Cheer
- 43—Nothing
- 45—91.44 cm.
- 47—Communist
- 49—Type of Dynamic
- 52—To give a gratuity
- 54—Bucketlike vessel
- 56—Tibetan gazelle

- 57—Deficiency in erythrocytes
- 59—Presbyopic correction
- 61—New England State (abbr.)
- 62—German perimetrist
- 64—Dismounted
- 66—Recompense
- 67—In this place
- 68—Yucatan (abbr.)

## DOWN

- 1—Prism in Biomicroscope
- 2—Registered Nurse (abbr.)
- 3—Age (abbr.)
- 4—Hordeola
- 5—Prefix
- 6—Final finding
- 7—13" fixation tests
- 8—Capsule of Tenon
- 9—Affirmative
- 10—Inclination of visual axes toward each other (abbr.)
- 14—An optical company
- 16—Apparatus used in near point tests
- 18—River island
- 20—Seer
- 23—Fixation target in phorias
- 27—Insect
- 28—Accommodation falls behind Conv.
- 30—Mistake

- 32—Trigonometric function
- 34— — hole pupil
- 35—Near point test
- 37—Rowing implement
- 38—Trigonometric function
- 41—Blood conveyor
- 44—Record of performance
- 47—Obscure vision
- 48—Developed the cover test
- 50—Type of lens
- 51—Type of Dynamic
- 55—Yes (Fr.)
- 53—Kill by spinal cord severance
- 55—Board (abbr.)
- 65—Lutecium (abbr.)
- 57—Ocular sign indicating Lues
- 58—Part of verb "to be"
- 60—Type of blindness in nuclear cataract
- 63—Conjunction

*Solution to puzzle . . page sixteen*

## MILITARY—*continued*

ferring a man so that he may enter the service already trained, and although they have the opportunity to utilize his training they neglect to do so. Obviously the basic philosophy of inducting trained personnel is sound, but due to the limited number of commissions, it cannot be practically applied.

The army further recognizes the professional training of the optometrist by declining to send him to any of the more advanced schools of the Medical Service Corps. This unusual form of recognition results in the optometrist receiving less satisfactory assignments than those sent to said schools.

All scientific and professional personnel, with the exception of optometrists, are sent to the aforementioned schools or given direct assignments in their field following 8-12 weeks of basic training, while optometrists are required to complete 16 weeks of basic training. Thus the treatment of the pharmacist, physio-therapist, chiroprapist, veterinarian, x-ray technician, etc. is more just than that extended to the optometrist, who is either given professional recognition by being awarded a commission or goes entirely unrecognized as an enlisted man.

It is obvious that the army has little to offer the young optometric graduate facing military service. The chances of obtaining a commission or even serving in his own field are remote.

Although the Navy, Marines, Coast Guard and Air Force do have programs intended for college graduates none of these are intended specifically for optometrists and one must go through intensive training and serve in the military for longer periods of time in such programs. Here again assignment as an optometrist is improbable. While there is no army program intended specifically for college graduates, the army does have an Officer Candidate School (OCS), but the objections to this program are obvious, as it also encompasses much time, and no assurance of assignment as an optometrist upon completion.

Considering length of service required by the various branches of the military it is obvious that most optometrists will choose the army.

It has been estimated that about 200 optometrists enter the army each year. Since they serve a two year hitch this would mean approximately 400 optometrists serving in the army at any given time, excluding a small group of O.D.'s making a career of the army.

An optometric officer quota for the army of 400 obviously would provide an ideal number. This would provide sufficient personnel to give the visual care which the army seems to consider so important.

The establishment of a separate optometric corps, or the segregation of administrative personnel from professional personnel by the establishment of a separate Medical Administrative Corps divorced from the Medical Service Corps, as was done during World War II, would insure that the optometrist performed duties in his own field, rather than assuming the present multitude of obligations.

The need for an increased quota is borne out by the statements of EENT officers, the heavy patient load and visual requirements, the hiring of civilian optometrists at home and abroad and the advertising for both civilian and military optometrists.

Naturally the time most optometrists enter the army will be during the summer months, following the end of their senior year of optometry. If the situation is to show improvement by the time the next large group of O.D.'s are inducted, it is obvious that some concrete plan of action must be undertaken now.

Unfortunately little is being done at present to improve this deplorable situation, and it is the duty of the practicing optometrist and educators and students in the field to initiate amending action. The authors feel that lack of knowledge of the situation rather than lack of initiative has been the hindering factor.

The plan of action which proved most satisfactory in the past was to enlist Congressional support. If a sufficient number of Congressmen are made aware of the existing injustice by optometric groups and individuals, satisfactory results should be forthcoming.

In addition to contacting your own Senators and Representatives we suggest that contacts be made with members of the House Military Affairs Committee and the Senate Committee on Armed Services. Urge an increased optometric quota and assurance that optometric officers be employed in their field either by establishment of an optometric corps or a Medical Administrative Corps.

Take it upon yourselves to make Congress aware of this problem threatening a vital aspect of our profession.

## HISTORY—*continued*

### Building.

The three-year program of 1933 included first-year courses in General Anatomy and Physiology, Physics, Mathematics, and Psychology; second-year courses in Histology and Hygiene; three years of Practical Optics and of Theoretical Optometry; two years each of Theoretical and Physiological Optics and Ocular Pathology; and third-year courses in Practical Optometry and Clinical Practice. The laws of Massachusetts were amended to change the two-year requirement to three years, and have kept that requirement ever since 1935.

The 1937 program established the general outlines of the present curriculum. It provided for freshman courses in Mathematics (College Algebra, Geometry, and Plane Trigonometry), English, Physics, Chemistry, and Biology; three years of Optical Shop Practice; and two years each of Theoretical Optometry, Theoretical, Practical, and Physiological Optics, Pathology, Clinical Practice, and Clinical Conference; and a senior course in Business Practice. The tuition was then \$350 a year.

In 1939 Dr. Green was appointed Assistant Dean, and in the same year Dr. Klein fulfilled a cherished dream when the School purchased the Physicians' Building as a home for the Clinic. This building, in the heart of a region of physicians' and surgeons' offices, was equipped with several clinical rooms set up like professional offices, one for each interne, that the seniors might have their first contacts with patients in surroundings suggesting those of professional practice. Since its establishment here, the Clinic has been receiving patients referred to it by about 65 social agencies in Greater Boston.

In 1942, the war, which seriously curtailed enrollment for a time, forced the school to move into the Clinical Building, but this move was never intended as a permanent one.

In 1946 a number of things happened. Dr. Theodore Klein passed away; the School was reorganized with a new Board of Trustees as a non-profit-making corporation with Herman L. Klein, O.D., as President and Dr. Green as Vice-President and Dean. The other original incorporators were Otto Hochstadt, M.D.; Joseph Duffy, LL.B.; G. Edward Bradley, O.D.; Theodora Bickford; Gertrude Klein; and Joseph Montminy, O.D. The classes and some of the laboratories were moved to leased quarters, formerly occupied by Northeastern University, at 285 Huntington Avenue; the course of studies was supplemented and re-

organized.

At this time the freshman course in Biology was narrowed down to Zoology, and new courses were instituted in Speech, Visual Psychology, Histology, Medical Ophthalmology, Contact Lens Fitting, Visual Training and Orthoptics, and Optometric Ethics, Economics, and Jurisprudence. Before the end of 1946 the School also constructed and equipped a chemistry laboratory of 25 units, and considerably expanded the equipment and facilities of its other laboratories.

In 1947, the Board of Trustees was expanded to nine members, adding Oscar McCulloch, O.D., and Lynwood Storer, O.D., the representative of the Alumni Association to the Board; the beginning of an endowment, in a \$1000 gift to endow the library; a well-furnished library with a full-time librarian in charge; and full recognition by the Council on Educational and Professional Guidance of the American Optometric Association. Recognition by the Federal, State, and City authorities of our tax-exempt status followed early in 1948.

*To be concluded in May issue*

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## BOOKS AND PAMPHLETS

New books added to the library.

Thomas: Calculus and Analytical Geometry '53 Ed.

Carlson and Johnson: Machinery of the Body 4th Ed. '53.

Ferrell: Peace in Their Time '52.

Morgan: Geometrical and Physiological Optics '53.

A.O.C. Reading in Classroom (42 pages).

A.O.C. Reading in Office Practice (33 pages).

Nat'l. Soc. Preservation of Eyesight in Children (52 pages).

Wootring Inst. Co. Orthoptic Procedure with Model 50 1940 (60 pages).

Wesley: Contact Lens Practice '52.

Vernon: Further Study of Visual Perception '52.

Smith's Clinical Orthoptics Procedure 2nd copy '52 Ed.

Marg: Effect of Stimulus Size and Retinal Illumination on the Human Electroretinogram (2 copies) '54.

Frye and Hodgdon: Essentials of Applied Physics '54.

Kuhn: Eyes in Industry 2nd copy.

Minton: Occupational Eye Diseases and Injuries '49.

Allen: Strabismus Ophthalmic Symposium 2nd copy.

# SILHOUETTES

*by Albert Roy*



**ROBERT BERK**

Mr. Robert Berk first became affiliated with the Massachusetts College of Optometry in 1953, when he became an instructor in Visual Psychology and Remedial Reading. He also instructs the seniors in Elementary Statistics. The subject matter of the Visual Psychology course is based on the hypothesis that seeing is more than vision. Both the visual reaction system and visual sensations are reviewed as basic to the psychological process of seeing. Emphasis is placed on the phenomenon of visual perception, including studies of the influence of psychological conditions of the organism on the perceptual process, attention in relation to perception, perception of space, movement, and form; illusions; and perception span. Consideration is given to perception training and the optometrical, psychological, and educational implications of the reading process and remedial problems.

Mr. Berk graduated in 1944 from Brookline High School. At that time, he entered the U. S. Navy as a Pharmacist's Mate and was stationed at the Chelsea Naval Hospital. He volunteered

for Neuro-psychiatric work and became a Chief Neuro-psychiatric Corpsman. He studied at the Hospital School in San Diego, California. This was Mr. Berk's first experience with human behavior patterns and it was instrumental in helping him decide to follow the study of human behavior. His father is a prominent psychiatrist. Upon his return from service, Mr. Berk entered Tufts College. He graduated with a Bachelor of Science degree in 1949 and received a Master of Science degree in 1950. At present, he is a candidate for the degree of Doctor of Education in Educational Psychology at Boston University. During the past two years he has completed all courses and exams for the degree and is presently working on his thesis which concerns a new test on motor proficiency (balanced co-ordination and motion adapted for all ages).

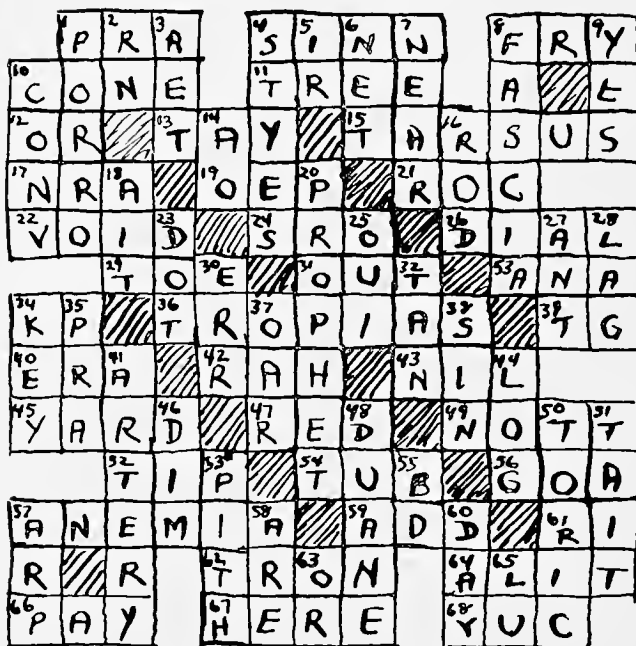
Mr. Berk began his practice in Educational Psychology in 1949 at 270 Commonwealth Ave., Boston. This includes the diagnosis and treatment of learning and educational problems, which include remedial reading, vocational counseling, training of the feeble-minded, and psychology and educational therapy.

His experiences have been many and varied in his field. He was formerly a psychologist at the Bridgewater State Prison Farm, on the Staff of the Boston University Reading Clinic, and lecturer in Psychology at the Hillcrest Remedial Reading Center in Brookline. At present he is a consultant in psychology at the Winthrop Foundation of the Mass. Eye and Ear Infirmary, a consultant in psychology at the Bournewood Hospital in Brookline (a private mental hospital), and a consultant in psychology for the Plymouth School which is a private school for feeble-minded children.

He is a member of the American Psychological Association, National Vocational Guidance Association, American Association of the Mentally Deficient, American Association of Retarded Children, Psi Chi Fraternity (National Honorary Psychology Association), and Phi Delta Kappa Fraternity (National Honorary Educational Society).

Robert Berk has set a goal of immeasurable standards ahead for himself. Such a wealth of satisfaction must be obtained from his accomplishments and most interesting and unselfish works.

## CROSSWORD ANSWER



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